

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: _____	City: _____	State: _____
Address: _____	Zip: _____	Phone: () _____

If this was a Public Water Supply Well, please provide:

PWSID Name: _____
PWSID Number: _____ IDNR Well Tag Number: _____

2. Well (Cistern) Location:

____ 1/4 of, ____ 1/4 of, ____ 1/4 of, Section ____ , Twp. ____ N, Range ____ West/East (circle one)
____ County, Describe well location on property: _____

3. Description:

Well depth: _____ ft.	Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: _____ ft.	(circle one)
Casing diameter: _____ in.	Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input type="checkbox"/> if this is a Monitoring Well Well ID: _____
Check <input type="checkbox"/> if Cistern	depth: _____ ft. diameter: _____ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: _____ **Date Plugged:** _____

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: _____ **Cert. No.** _____

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ **Date Approved:** _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

	Water Supply Section Iowa Department of Natural Resources 401 SW 7th Street, Suite M Des Moines, IA 50309-4611
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